

**MILWAUKEE COUNTY
DEPARTMENT OF CHILD SUPPORT ENFORCEMENT**

APPLICATION FOR CHILD SUPPORT SERVICES

Information provided on this form and attachments may be shared with others only for purposes of the administration of the child support program and other related programs [Wis.Stat. §49.83].

Applicant name

The applicant's relationship to child ☐ **Mother** ☐ **Father** ☐ **Other** _____

Does the child live with you? ☐ Yes ☐ No

Do you have legal custody of the child? ☐ Yes ☐ No

Court case information

Provide any current court case number _____ County _____ State _____

Any current support order? ☐ Yes ☐ No If, so, amount _____ per _____

Type of order (check any applicable) ☐ child support ☐ family support ☐ maintenance

Services Requested (informational only)

Federal regulations require child support agencies to provide all services that are proper for a case. In most cases, your selections are for information only. However, you may choose only "Locate parent" services. If you only receive Medicaid, you may choose only "Medical Support" services.

- | | |
|--|--|
| <input type="checkbox"/> Locate Only Services | <input type="checkbox"/> Collect Current Support |
| <input type="checkbox"/> Establish Child Support Order | <input type="checkbox"/> Collect Arrears |
| <input type="checkbox"/> Establish Paternity (Parentage) | <input type="checkbox"/> Review/Adjust Order |
| <input type="checkbox"/> Reconcile Percentage Expressed Order to Establish Arrears | <input type="checkbox"/> Medical Support |

For office use: **Notes**

Date of request _____

Fee due \$ _____

IVD no. _____

Case type: ☐ IV-D ☐ NADC ☐ Food Stamp ☐ Locate Only
☐ Non-IV-D ☐ W-2 ☐ Medicaid

Section 1 – Mother Information.

Mother's name (last, first, middle, suffix, e.g. Jr., Sr.)					Maiden name/alias	
Social Security number			Date of birth		Birth city	Birth state
Home telephone ()	Work telephone ()		Work hours from to		Best time/place to serve papers	
Street address (<input type="checkbox"/> current or last known)						
City			State		Zip Code	
Height	Weight	Race	Eyes	Hair	Distinguishing Characteristics, Identifying Marks	
Attorney's name			Attorney's address			Atty's phone

Section 2 – Father Information

Father's name (last, first, middle, suffix, e.g. Jr., Sr.)					Alias	
Social Security number			Date of birth		Birth city	Birth state
Home telephone ()	Work telephone ()		Work hours from to		Best time/place to serve papers	
Street address (current or last known)						
City			State		Zip Code	
Height	Weight	Race	Eyes	Hair	Distinguishing Characteristics, Identifying Marks	
Attorney's name			Attorney's address			Atty's phone

Section 3 Relationship between Mother and Father

Current relationship of mother and father of child <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Annulled	
If mother and father have ever been married, provide the following: Date of marriage _____ at City of _____, County of _____, State of _____ Date of divorce _____ at City of _____, County of _____, State of _____ Date of Separation _____ at City of _____, County of _____, State of _____	
Current marital status of mother <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Annulled If married, name of spouse _____ Date of marriage _____	
Current marital status of father <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Annulled If married, name of spouse _____ Date of marriage: _____	

Section 4 – Custodian Information. The person the child(ren) live with most of the time, the person with both legal custody and ***primary*** physical placement.

Custodian's name	Custodian's address	Custodian's telephone (days)
Has the custodian ever received Child Support Services in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
State(s) Received From	Date(s) Received	
Has the custodial parent ever received AFDC/W2 Services/T19 <input type="checkbox"/> Yes <input type="checkbox"/> No		
State(s) received from	Date(s) received	

Section 5 – Custodian's Employment

Employer name		Wage \$ per <input type="checkbox"/> hour <input type="checkbox"/> week	
Employer address		City/state/zip code	
Employer telephone ()	Employer fax number ()	Health insurance available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are dependents covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other income received by noncustodial parent (list type and amount of any other source, such as social security or disability benefits, unemployment or workers' compensation, rents, interest, etc.)			

Section 6 – Noncustodial Parent Information. This parent may have joint custody, but the other parent has primary physical placement (the child lives with the other parent most of the time).

NCP's mother's name	Mother's maiden name	NCP's father's name
Member of Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/> Retired		
Branch	Dates of service From to	Eligible for or receiving Veteran's Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the noncustodial parent ever been arrested or convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date and place of arrest/ conviction	Name & phone of noncustodial parent's parole/probation officer

Section 6 – Noncustodial Parent's Income/Employment

Employer name		Wage \$ per <input type="checkbox"/> hour <input type="checkbox"/> week	
Employer address		City/state/zip code	
Employer telephone ()	Employer fax number ()	Health insurance available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are dependents covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other income received by noncustodial parent (list type and amount of any other source, such as social security or disability benefits, unemployment or workers' compensation, rents, interest, etc.)			

Section 8 – Important

If a child was conceived or born during a marriage, the law presumes that the husband is the legal father. If you believe someone other than the husband may be the father, provide the information about that person here.	
Name of Alleged father	Social Security number
Date of Birth	Street address/city/state/zip code
Name of husband at the child's birth date	Social Security number
Date of birth	Street address/city/state/zip code
Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the due date is	

Section 9 – Information About the Children You Are Requesting Services For

(These children must have the same father and the same mother, and these parents must be the custodial or noncustodial parents on this form.)

First child's name (last, first, middle, suffix, e.g., Jr.)			Social Security no.	Sex	Race
Does child receive Social Security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount \$ per month		
Date of birth	Birth city	Birth county	Birth state	Birth country	Birth weight (paternity cases only)
Anticipated High School Graduation Date			School Name/City/Street		
If the child was not born during the marriage: Was a <i>Voluntary Paternity Acknowledgement</i> form signed for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No Were any court actions taken to establish paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when was court action taken? County/state of action: Date:					

Second child's name (last, first, middle, suffix)			Social Security no.	Sex	Race
Does child receive Social Security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount \$ per month		
Date of birth	Birth city	Birth county	Birth state	Birth country	Birth weight (paternity cases only)
Anticipated High School Graduation Date			School Name/City/Street		
If the child was not born during the marriage: Was a <i>Wisconsin Voluntary Paternity Acknowledgement</i> form signed for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No Were any court actions taken to establish paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when was court action taken? County/state of action: Date:					

LIST ADDITIONAL CHILDREN/INFORMATION ON A SEPARATE SHEET.

Section 10 – Other Dependents of Noncustodial Parent (Children not included in this request for services.)

Child's Name	Date of Birth	Lives with Noncustodial Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Other parent		

Child's Name	Date of Birth	Lives with Noncustodial Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Other parent		

Child's Name	Date of Birth	Lives with Noncustodial Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Other parent		

Child's Name	Date of Birth	Lives with Noncustodial Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Other parent		

By submitting this request for child support services under the Child Support Enforcement Program under Title IV-D of the Social Security Act you understand that you must cooperate with the child support agency by providing information that affects the enforcement of your case.

You understand that any certifiable past due child support debts owed **must** be submitted to the tax/lottery intercept programs. If intercepted tax money is later recalled by the federal Internal revenue Service (IRS) or the state Department of Revenue (DOR), it must be immediately returned to BCS. If the money cannot be repaid all at once, arrangements can be made for a payment plan until the amount is repaid in full. If the money is not returned, the Bureau of Child Support (BCS) will try other ways to collect the money, such as using a collection agency.

By returning this request to Child Support you agree to pay all fees and charges, which may include, but are not limited to, an application fee, tax intercept fee, and court costs. You understand that the quality of the information you provide may affect the agency's ability to provide child support services.

Disclaimer: The State of Wisconsin will bring any necessary administrative or court action to establish paternity (parentage) or establish or enforce a support order. **However, the child support attorney does not represent either parent**, but rather represents the state's interest in enforcing support.

Signature of Applicant _____ Date _____